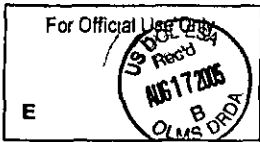


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 File Number U 9463 | 2 Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 04 |
| 3 Name and address of person filing Name EDWARD T DEYKIN P O Box Bldg Room No if any Street 20495 VILLA GRANDE City CLINTON TWP State MI ZIP Code + 4 48038 | 4 Name file number and address of labor organization Name PIPEFITTERS 636 Labor Organization File Number 022479 P O Box Building and Room Number if any Street 30100 NORTH WESTERN HWY City FARMINGTON HILLS State MICH ZIP Code + 4 48334 |
| 5 Position in labor organization BUSINESS MANAGER | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income 7 b Amount |

Signature

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>Edward T Deykin</u> | On <u>8-12-05</u> Date | <u>248 939 8636</u> Telephone Number |

| | | |
|-----------------------|-----------------|---------------|
| Name of Person Filing | EDWARD T DEVLIN | File Number U |
|-----------------------|-----------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name if any)</p> <p>Name PIPEFITTERS 636 DEFINE</p> <p>Trade Name if any BENEFIT FUND</p> <p>P O Box Bldg Room No if any</p> <p>Street 30700 NORTHWESTERN HWY</p> <p>City BINGHAM FARM SUITE 4601</p> <p>State MICH ZIP Code + 4 48025</p> | <p>9 Business deals with</p> <p>a Labor Organization</p> <p><u>b Trust</u></p> <p>c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name PIPEFITTERS 636 DEFINE BENEFIT FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 30700 NORTHWESTERN HWY</p> <p>City BINGHAM FARM SUITE 4601</p> <p>State MI ZIP Code + 4 48025</p> | <p>11 a Nature of such dealing</p> <p>IFE OBP TRUSTEES TRAINING PROGRAM PENSION PART II HAS VEGAS</p> <p>11 b Approximate dollar value of such dealing 1574 75</p> <p>12 a Nature of interest held or income received</p> <p>EDUCATION CONFERENCE</p> <p>12 b Amount \$ 1574 75</p> |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
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| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name BOYD WATERSON CO</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 1801 E 9TH ST</p> <p>City CLEVELAND</p> <p>State OHIO ZIP Code + 4 44134</p> | <p>14 a Nature of payment</p> <p>BUSINESS DINNER</p> <p>WASHINGTON DC</p> <p>14 b Amount of payment \$ 75 00</p> |
| <p>13 b Is the Business an Employer <u>or Consultant</u> ?</p> | |

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| Name of Person Filing EDWARD T. DEVLIN | File Number U |
|-----------------------------------------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| 8 Name and address of Business (including trade name if any) Name PIPE FITTERS 636 DEFINE CONTRIBUTION FUND Trade Name if any P O Box Bldg Room No if any Street 30700 TELEGRAPH SUITE 4601 City BINGHAM FARMS State MI ZIP Code + 4 48025 | 9 Business deals with a Labor Organization b Trust c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name PIPE FITTERS 636 DEFINE CONTRIBUTION FUND Trade Name If any P O Box Bldg Room No if any Street 30700 TELEGRAPH RD SUITE 4601 City BINGHAM FARMS State MICH ZIP Code + 4 48025 | 11 a Nature of such dealing CLIENT CONFERENCE SUBSISTENCE ALLOWANCE J.P. MORGAN PALM BEACH FL 4-14-04 4-17-04 11 b Approximate dollar value of such dealing 600.80 12 a Nature of interest held or income received EDUCATION CONFERENCE 12 b Amount \$600.80 |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

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| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name BOYD WATERSON CO Trade Name if any P O Box Bldg Room No if any Street 1801 E 9TH ST City CLEVELAND State OHIO ZIP Code + 4 44134 | 14 a Nature of payment. BUSINESS DINNER NAPLES FL 14 b Amount of payment \$50.00 |
| 13 b Is the Business an Employer or Consultant ? | |

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| Name of Person Filing | EDWARD T DEVLIN | File Number U |
|-----------------------|-----------------|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p>8 Name and address of Business (including trade name if any)</p> <p>Name J P MORGAN RETIREMENT PLAN SERVICES</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 9300 WARD PARKWAY</p> <p>City KANSAS CITY</p> <p>State MO ZIP Code + 4 64114</p> | <p>9 Business deals with</p> <p>a Labor Organization</p> <p>b Trust</p> <p>c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name J P MORGAN RETIREMENT PLAN</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 9300 WARD PARKWAY</p> <p>City KANSAS CITY</p> <p>State MO ZIP Code + 4 64114</p> | <p>11 a Nature of such dealing</p> <p>CLIENT CONFERENCE</p> <p>J P MORGAN</p> <p>PALM BEACH FL</p> <p>4-14-04 - 4-17-04</p> <p>11 b Approximate dollar value of such dealing 2218.75</p> <p>12 a Nature of interest held or income received</p> <p>EDUCATION CONFERENCE</p> <p>12 b Amount \$ 2218.75</p> |

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| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name LOOMIS SAYLES CO</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 39533 WOODWARD SUITE 300</p> <p>City Bloomfield Hills</p> <p>State MI ZIP Code + 4 4</p> | <p>14 a Nature of payment</p> <p>BUSINESS LUNCH</p> <p>BIRMINGHAM MI</p> |
| <p>13 b Is the Business an Employer or Consultant ?</p> | <p>14 b Amount of payment</p> <p>\$ 37.25</p> |